

<i>SERFF Tracking Number:</i>	<i>NCCI-125385826</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>NCCI</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>B-1405 AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Item B-1405-- Terrorism Risk Insurance Program Reauthorization Act of 2007</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: NCCI

Product Name: Item B-1405-- Terrorism Risk Insurance Program Reauthorization Act of 2007

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: NCCI-125385826

SERFF Status: Closed

Co Tr Num: B-1405 AR

State: Arkansas

State Tr Num: EFT \$100

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Authors: Lesley O'Brien, Alison Herwig, Frank Gnolfo, Terri Robinson

Date Submitted: 12/27/2007

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 12/31/2007

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Disposition Status: Approved

Effective Date (New): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 12/31/2007

State Status Changed: 12/31/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

As a result of the recent passage of the Terrorism Risk Program Reauthorization Act of 2007 by the United States Congress, this item removes the December 31, 2005 expiration date from Rule 3-A-24-a of NCCI's Basic Manual for Workers Compensation and Employers Liability Insurance

SERFF Tracking Number:	NCCI-125385826	State:	Arkansas
Filing Company:	NCCI	State Tracking Number:	EFT \$100
Company Tracking Number:	B-1405 AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Item B-1405-- Terrorism Risk Insurance Program Reauthorization Act of 2007		
Project Name/Number:	/		

Company and Contact

Filing Contact Information

Terri Robinson, State Relations Executive	terri_robinson@ncci.com
46714 Highway 10	(501) 753-5180 [Phone]
Perryville, AR 72126	(561) 893-5655[FAX]

Filing Company Information

NCCI	CoCode: 0	State of Domicile: Florida
901 Peninsula Corporate Circle	Group Code:	Company Type:
Boca Raton, FL 33487	Group Name:	State ID Number:
(561) 893-3186 ext. [Phone]	FEIN Number: 65-0439698	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	Rule filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NCCI	\$100.00	12/27/2007	17253615

SERFF Tracking Number:	NCCI-125385826	State:	Arkansas
Filing Company:	NCCI	State Tracking Number:	EFT \$100
Company Tracking Number:	B-1405 AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Item B-1405-- Terrorism Risk Insurance Program Reauthorization Act of 2007		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	12/31/2007	12/31/2007

<i>SERFF Tracking Number:</i>	<i>NCCI-125385826</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>NCCI</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>B-1405 AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Item B-1405-- Terrorism Risk Insurance Program Reauthorization Act of 2007</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 12/31/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NCCI-125385826 State: Arkansas
 Filing Company: NCCI State Tracking Number: EFT \$100
 Company Tracking Number: B-1405 AR
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Item B-1405-- Terrorism Risk Insurance Program Reauthorization Act of 2007
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Rate	Item B-1405- Terrorism Risk Insurance Program Reauthorization Act of 2007	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>NCCI-125385826</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>NCCI</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>B-1405 AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Item B-1405-- Terrorism Risk Insurance Program Reauthorization Act of 2007</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	NCCI-125385826	State:	Arkansas
Filing Company:	NCCI	State Tracking Number:	EFT \$100
Company Tracking Number:	B-1405 AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Item B-1405-- Terrorism Risk Insurance Program Reauthorization Act of 2007		
Project Name/Number:	/		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Item B-1405-Terrorism Risk Insurance Program Reauthorization Act of 2007	Rule 3-A-24-a	New	B-1405 Exhibit 1.pdf

ITEM B-1405—TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

EXHIBIT 1

BASIC MANUAL

RULE 3—RATING DEFINITIONS AND APPLICATION OF PREMIUM ELEMENTS

A. EXPLANATION AND APPLICATION

24. Catastrophe Provisions

- a. **Terrorism Risk Insurance Act (TRIA) of 2002** This provision expires effective December 31, 2005 and any amendments thereto enacted by Congress

SERFF Tracking Number:	NCCI-125385826	State:	Arkansas
Filing Company:	NCCI	State Tracking Number:	EFT \$100
Company Tracking Number:	B-1405 AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Item B-1405-- Terrorism Risk Insurance Program Reauthorization Act of 2007		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/31/2007
-------------------------	--	-----------------------	----------	------------

Comments:

Attachment:

P&C&RateRule-Arkansas.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	12/31/2007
------------------------	--	-----------------------	----------	------------

Bypass Reason: NA

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	12/31/2007
------------------------	------------------------------------	-----------------------	----------	------------

Bypass Reason: NA

Comments:

Satisfied -Name:	Filing Memorandum	Review Status:	Approved	12/31/2007
-------------------------	-------------------	-----------------------	----------	------------

Comments:

Attachment:

B-1405 Filing Memorandum.pdf


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
NCCI, Inc.	FL	00005			

5. Company Tracking Number	Item B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Terri Robinson NCCI, Inc. 46714 Hwy 10 Perryville, AR 72126	State Relations Executive	501-753-5180	561-893- 5565	Terri_Robinson@ncci.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Terri Robinson		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16			
10. Sub-Type of Insurance (Sub-TOI)	Workers Compensation			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	January 1, 2008	Renewal:	January 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	December 27, 2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	Item B-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007
-----	--	--

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

As a result of the recent passage of the Terrorism Risk Insurance Program Reauthorization Act of 2007 by the United States Congress (Congress), this item removes the December 31, 2005 date from Rule3-A-24 of NCCI's ***Basic Manual for Workers Compensation and Employers Liability Insurance***.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Fees sent via EFT Amount: \$100.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING ATTACHMENT

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	Item B-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

☐ Rate Increase
 ☐ Rate Decrease
 x
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
NCCI, Inc.	n/a	n/a	n/a	n/a	n/a	n/a	n/a

4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings on ly)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing	n/a	
5c	Effect of Rate Filing – Written premium change for this program	n/a	
5d	Effect of Rate Filing – Number of policyholders affected	n/a	

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Item B-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	B-1398
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

FILING MEMORANDUM

ITEM B-1405—TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

(To be effective 12:01 a.m. on January 1, 2008, applicable to new and renewal policies.)

PURPOSE

As a result of the recent passage of the Terrorism Risk Insurance Program Reauthorization Act of 2007 by the United States Congress (Congress), this item removes the December 31, 2005 expiration date from Rule 3-A-24-a of NCCI's ***Basic Manual for Workers Compensation and Employers Liability Insurance***.

BACKGROUND

The Terrorism Risk Insurance Act of 2002 ("TRIA" or the "Act") was enacted by Congress to recognize that terrorism is a catastrophe exposure that is real and significant for insurers of workers compensation and other lines of insurance. As a result of TRIA, a catastrophe provision was added to Rule 3-A-24-a of NCCI's ***Basic Manual***. TRIA, which expired on December 31, 2005, was extended by the Terrorism Risk Insurance Extension Act of 2005 ("TRIEA") for two years. Congress has now enacted the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("TRIPRA") to extend the Act to December 31, 2014. Therefore, the catastrophe provision in Rule 3-A-24-a of NCCI's ***Basic Manual*** is being revised to remove the expiration date and replace it with "and any amendments thereto enacted by Congress."

PROPOSAL

This item removes the December 31, 2005 expiration date from National Rule 3-A-24-a located in NCCI's ***Basic Manual***.

IMPACT

There is no change in premium as a result of this item.

IMPLEMENTATION

Exhibit 1 shows the changes required in NCCI's ***Basic Manual***.

The enclosed materials are copyrighted materials of the National Council on Compensation Insurance, Inc. ("NCCI"). The use of these materials may be governed by a separate contractual agreement between NCCI and its licensees such as an affiliation agreement between you and NCCI. Unless permitted by NCCI, you may not copy, create derivative works (by way of example, create or supplement your own works, databases, software, publications, manuals, or other materials), display, perform, or use the materials, in whole or in part, in any media. Such actions taken by you, or by your direction, may be in violation of federal copyright and other commercial laws. NCCI does not permit or acquiesce such use of its materials. In the event such use is contemplated or desired, please contact NCCI's Legal Department for permission.